

ILWU-PMA BENEFIT PLANS /

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109

International Longshore & Warehouse Union —
Pacific Maritime Association www.benefitplans.org

PHONE (415) 673-8500

FAX (415) 749-1321

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

December 19, 2018

TO: ILWU Watchmen Locals 26 and 75

FROM: Jacquie Gasparro, Manager, Pension Plans

**SUBJECT: INFORMATION FOR PENSIONERS
Medicare Part B Premium Reimbursement 2019
2018 IRS Form 1099-R**

Attached is information which will be mailed to the homes of all pensioners in December 2018. The 2018 1099-R tax forms will be mailed to the homes of all pensioners before January 31, 2019.

Attachments

cc: Area Welfare Director, Northern California
Area Welfare Director, Southern California

A copy of this memo can be downloaded at www.benefitplans.org

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TO:

DATE: December 2018

THIS MAILING CONTAINS INFORMATION FOR PENSIONERS, SURVIVING SPOUSES AND ALTERNATE PAYEES UNDER THE ILWU-PMA PENSION PLAN OR THE ILWU-PMA WATCHMEN PENSION PLAN AND PENSIONERS AND BENEFICIARIES RECEIVING MEDICARE PART B REIMBURSEMENT UNDER THE ILWU-PMA WELFARE PLAN.

1099-R FORM Your tax Form 1099-R reflecting the total amount of pension payments issued in 2018 and the amount of federal income tax withheld, if any, will be distributed in a separate mailing before January 31, 2019.

Watchmen pensioners who receive benefit payments either from Lincoln National Life Insurance Company or Allstate Life Insurance Company will receive tax Form 1099-R from the insurance company for payments issued in 2018. The information provided below regarding normal and disability pensions is applicable to Lincoln National and Allstate payments.

NORMAL AND DISABILITY PENSIONS These payments are considered ordinary income for tax purposes by the IRS. Your Form 1099-R will show the total amount of pension payments issued in 2018 in **Box 1** and the taxable amount of such payments in **Box 2a**. The amount of federal income tax withheld, if any, is shown in **Box 4**. **Box 7** shows an IRS code which identifies the type of pension (distribution) you received. Recipients will be required to attach Form 1099-R to their returns if Federal income tax withholding is shown in **Box 4**. A sample of a blank Form 1099-R appears on the reverse side of this page for your reference.

Under IRS regulations some disability pensioners may be entitled to claim a tax credit on account of disability. Individual tax advisers or the IRS can assist disability pensioners in determining whether or not they are entitled to such credit.

Federal income taxes are automatically withheld from Pension Plan payments in required amounts unless pensioners elect otherwise. Pensioners who receive their pension payments outside the United States may not elect exemption from withholding. **Withholding election forms are available at the Locals and can be requested from the Benefit Plans Office or can be downloaded at www.benefitplans.org. Elections may be made and revoked as often as desired.** Penalties may be incurred under federal tax rules if sufficient tax is not withheld from pension payments and payments of estimated tax are not adequate.

(over)

CALIFORNIA RESIDENTS ONLY The amount of State income tax withheld, if any, is shown in **Box 12** of Form 1099-R. Recipients will be required to attach Form 1099-R to their returns if California income tax withholding is shown in **Box 12**.

INFORMATION OFTEN REQUESTED BY TAX ADVISERS, LAWYERS, AND THE IRS

MEDICARE PART B PREMIUM REIMBURSEMENTS The Benefit Plans Office has been advised that under IRS regulations Medicare Part B premium reimbursements are not subject to income tax. Therefore, the amount reimbursed by the Benefit Plans Office for Medicare Part B premiums is not included on Form 1099-R.

All Pension Plan benefits are employer contributed, with no contribution by the longshoreman, ship clerk, walking boss/foreman, surviving spouse, alternate payee or watchman.

NOTE: THIS BULLETIN IS BEING DISTRIBUTED AS A MATTER OF CONVENIENCE AND IS NOT INTENDED AS TAX ADVICE. YOU SHOULD NOT RELY ON THIS BULLETIN AS TAX ADVICE. ALL QUESTIONS REGARDING TAXES OR TAXABILITY OF BENEFIT PAYMENTS SHOULD BE REFERRED TO YOUR INDIVIDUAL TAX ADVISER OR THE IRS.

SAMPLE		2018								
Form 1099-R		CORRECTED (if checked) OMB No. 1545-0119								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Gross distribution</td> <td style="width: 50%; padding: 2px;">2a Taxable amount</td> </tr> <tr> <td style="height: 30px;"></td> <td style="text-align: center; vertical-align: middle;">SAMPLE</td> </tr> <tr> <td style="padding: 2px;">2b Taxable amount not determined</td> <td style="padding: 2px;">Total distribution</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	1 Gross distribution	2a Taxable amount		SAMPLE	2b Taxable amount not determined	Total distribution			<p>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</p>	
1 Gross distribution	2a Taxable amount									
	SAMPLE									
2b Taxable amount not determined	Total distribution									
PAYER'S name, street address, city, state and ZIP code										
SAMPLE										
PAYER'S Federal identification number		RECIPIENT'S identification number								
3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions/ Designated Roth contributions or insurance premiums								
	SAMPLE									
6 Net unrealized appreciation in employer's securities	7 Distribution code(s)	8 Other %								
9a Your percentage of total distribution	9b Total employee contributions									
RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code										
SAMPLE										
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	12 State tax withheld								
13 State/Payer's state no.	14 State distribution									
15 Local tax withheld	16 Name of locality	17 Local distribution								

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For Pensioners and Beneficiaries receiving Medicare Part B Reimbursement under the ILWU-PMA Welfare Plan:

MEDICARE PREMIUM RATE

The Medicare Part B premium for 2019 will be \$109.00 per person for most members whose modified adjusted gross income does not exceed \$85,000 (\$170,000 for couples). Individuals whose modified adjusted gross income exceeds that amount, or who are Social Security recipients whose cost of living adjustment covers the increase in Medicare Part B premiums deducted from their Social Security benefits, are subject to higher premium amounts.

Pensioners and Beneficiaries whose monthly Medicare Part B premium is any amount other than the standard rate of \$109.00 must submit documentation annually to the Benefit Plans Office verifying the amount of their monthly premium so that they can be reimbursed accurately. (Please note, new Pensioners and Beneficiaries may have a 2019 monthly Medicare Premium rate of \$135.50.)

If you receive a Medicare Part B reimbursement amount which you believe is incorrect, please contact the Benefit Plans Office immediately.

DISABLED PERSONS UNDER AGE 65

A disabled person under age 65 is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement. Under provisions of the Welfare Plan, eligible pensioners and their dependents and survivors under age 65 must notify the Benefit Plans Office when they become eligible for Medicare due to disability. **If you have not reported your own or your dependent's entitlement to Medicare – please do so now**, as this will allow us to reimburse your Medicare premium.

ALL PERSONS


The Benefit Plans Office must be notified about any of the events listed below:

1. **CHANGE OF MARITAL STATUS** – Divorce, Marriage, Death of Spouse
(Record Change Forms are available at the ILWU locals or can be downloaded at www.benefitplans.org to report this change.)
2. **CHANGE OF ADDRESS**
(Record Change Forms are available at the ILWU locals or can be downloaded at www.benefitplans.org to report this change.)
3. **CHANGE OF MEDICARE STATUS**
(Contact the Benefit Plans Office to report this change.)
 - . Loss of Medicare Part B eligibility
 - . Medicare entitlement before age 65
 - . Part B premium paid by a third party (another Employer or a State Agency, e.g., Medicaid or Medi-Cal)

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THIS IS FOR ELECTRONIC FUND TRANSFER PARTICIPANTS ONLY

ELECTRONIC FUND TRANSFER DEPOSIT DATES FOR THE YEAR 2019

ILWU-PMA PENSION PAYMENTS

MONTH OF PAYMENT	DATE CREDITED TO YOUR ACCOUNT
January	1/2/2019 – Wednesday
February	2/1/2019 – Friday
March	3/1/2019 – Friday
April	4/1/2019 – Monday
May	5/1/2019 – Wednesday
June	6/3/2019 – Monday
July	7/1/2019 – Monday
August	8/1/2019 – Thursday
September	9/3/2019 – Tuesday
October	10/1/2019 – Tuesday
November	11/1/2019 – Friday
December	12/2/2019 – Monday
January 2020	1/2/2020 – Thursday

Please check with your financial institution as to the time of day when your pension payment will be credited to your account.